



## Original communication

## Awareness of the patients' rights by subjects on admission to a tertiary university hospital in Poland

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## ABSTRACT

**Background:** Knowledge of patients' rights is obligatory to create a partner-based relationship between the doctor and the patient. Therefore, we sought to evaluate the awareness of patients' rights by subjects admitted to a multidisciplinary university hospital in Poland.

**Methods:** This project was cross-sectional in design and conducted between 06.2012 and 09.2012. The study group comprised 275 persons aged  $57.4 \pm 15.3$  years. A 21-item questionnaire based on legal regulations on patients' rights was applied.

**Results:** Over 80% of respondents were aware of their right to choose a treating physician, refusal of the proposed treatment, the choice of the place where the patient is treated, the right of access to medical records, free meals, pastoral care, ability to provide to third parties information about the state of health, as well as giving information to particular persons by phone. The least awareness was shown in relation to the form of giving consent (42.9%) or refusal of consent (50.5%) to treatment and the doctors' right to refuse the presence of a person close to the patient during treatment (16.4%). Factors of significant impact on the findings were participants' age and education level.

**Conclusions:** Patients are characterized by a considerable awareness of their rights. From the point of view of health care system, the most important is knowledge of the laws related to the broad access to medical services, including choice of attending physician but also to obtain assistance in emergency situations of life and health care in each facility health, regardless of place of residence.

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## 1. Introduction

The most important source of patients' rights is the inherent and inalienable dignity as a human being and a citizen. All acts giving rise to the source of the patient's rights are issued with his respect. Increase in medical and legal awareness by the public resulted in recognition of already functioning – and directly or indirectly influencing the patient's rights – ethical standards in the form of laws. At international level there are two covenants, the International Covenant on Civil and Political Rights of 1966<sup>1</sup> and the International Covenant on Economic, Social and Cultural Rights of 1966.<sup>2</sup> At Polish national level there are several documents like the Polish Constitution of 2 April 1997, Act of 6 November 2008 on Patients'

Rights and Patients' Rights Ombudsman (APR),<sup>3</sup> as well as professional pragmatics, in particular the Code of Medical Ethics. Complementary to APR<sup>3</sup> are: Act of 5 December 1996 on the professions of doctor and dentist,<sup>4</sup> Act of 15 April 2011 on the therapeutic activity<sup>5</sup> and the Act of 2 December 2009 on the medical chambers.<sup>6</sup>

From the patient's point of view, the most important source of law is APR.<sup>3</sup> APR as a basic legal act regulates most of all patients' rights in Poland, including patient's right to the health care service appropriate to the patient's health status, patient's right to the detailed and complex information about his health status, patient's right to maintain the confidentiality of information about his health status, patient's right to consent to provide health care services, patient's right to respect his intimacy and dignity. In addition there are also group of rights referring to medical records, giving objection to the introduction of treatment, respect patient's privacy and family life, pastoral care and deposit valuables.

The knowledge of the rights contained therein allows to create a partner-based relationship between the doctor and the patient. Should it be underlined, presently, doctors are obliged to possess

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detailed knowledge of patient's rights, not only the ones insured by law but also by civil society and the media environment. It is justified – only if the patient is aware of his rights sufficiently to cooperate with the doctor. Otherwise, even having the best knowledge of patients' rights, the doctor will not be able to help the patient because the patient will not be capable to express his personal expectations about the treatment. Patient's awareness of his rights is the cornerstone in understanding formalized mechanisms related to medical treatment and makes it more efficient.

Based on the above-mentioned considerations, we sought to assess the awareness of their rights as the patients admitted to a multidisciplinary tertiary university hospital.

## 2. Methods

This survey was cross-sectional in design. The study group comprised consecutive subjects admitted to a multidisciplinary tertiary university hospital from June 2012 to September 2012. The exclusion criteria were as follows: emergent or urgent mode of hospitalization, any level of unconsciousness (i.e. Glasgow Coma Scale < 15 points) assessed by an admitting physician, lack of patient's consent to fill in the questionnaire, any physical or mental disability making the patient unable to fill in a form (i.e. lack of possibility to fill in the questionnaire by the subject without any help of third parties due to poor general condition, sight defects, tremor, arousal, difficulties in understanding the rules how to fill it, etc.). A total of 300 eligible subjects was invited to participate in this project (to answer the questionnaire questions) and 275 of them finally took part (response rate of 91.7%).

The participants were asked to fill in an author-designed questionnaire consisting of 21 questions which were based on current law regulations on patients' rights regarding hospitalization.<sup>3–6</sup> The questions concerned the following issues: the right to health care service, the right to hospitalization, including contact with relatives during the hospital stay, treatment procedures and documentation associated with it, as well as informing the patient and third parties of the results of treatment and the patients' health status. Those questions were arbitrarily chosen by researchers as the most important from a perspective of current hospital stay and the most frequent in the patient – medical personnel relationship.

The patients were asked to choose one of 3 or 4 answers per question, the most appropriate in their opinion regarding particular issues of rights. Those answers were then categorised by researchers as true or false, based on the above-cited law regulations.<sup>3–6</sup> A lack of answer was categorised as a false one. The impact of basic demographic and socio-economic features (including gender, age, education level, marital status, place of residence, level of physical disability and timing of current hospitalization: the first or the following one) on the self-assessed patients' rights was taken into account during this investigation.

Statistical analysis was performed by using MedCalc version 11.0.1 (MedCalc, Belgium) software procedures. Continuous variables are expressed as mean and standard deviation and qualitative variables are expressed as crude value and/or percent. Between-group differences for quantitative variables were assessed with Student *t*-test or Kruskal–Walis test, as appropriate. As far as qualitative variables are concerned, chi-square test was used. A significance level of  $\alpha = 0.05$  was applied.

## 3. Results

### 3.1. Subjects' characteristics

The study included 275 persons, 128 (46.5%) women and 147 (53.5%) men. The mean age of the patients was  $57.4 \pm 15.3$  years.

Most of the participants ( $n = 181$ , 65.8%) were rehospitalized in a short period after discharge from another unit, 51 subjects (18.6%) were admitted to hospital but after a long break from previous discharge, and only 43 patients (15.6%) were hospitalized for the first time. The detailed characteristics of the respondents are shown in Table 1.

### 3.2. Questionnaire results

The vast majority of respondents were aware of their rights. Over 80% of respondents gave the correct answer regarding: the choice of a treating physician, the objection to the proposed treatment, the choice of the locality in where the patient is treated, the right of access to medical records after discharged from the hospital, free meals, pastoral care, ability to provide to third parties information about the state of health, as well as giving information to particular persons by phone. The least awareness was shown in relation to the form of giving consent (42.9%) or refusal of consent (50.5%) to treatment and the doctors' right to refuse the presence of a person close to the patient during treatment (16.4%). Results of the questionnaire are summarized in Table 2.

### 3.3. Impact of selected variables on questionnaire findings

Men were more aware than women (53.3% vs. 46.7%) of the right of access to medical records by a third party ( $p = 0.04$ ).

Younger persons more frequently gave correct answers regarding the right to: discharge on request ( $p = 0.05$ ), refuse consent to the proposed treatment ( $p = 0.02$ ), refuse the presence of a person close to the patient during treatment ( $p = 0.005$ ), and objection to the participation of students during treatment ( $p = 0.002$ ). Older respondents more frequently were aware of the correct form of consent to treatment ( $p = 0.01$ ) and the right to additional nursing care ( $p = 0.02$ ).

Professionally active people who had full-time regular work (64.5%) less frequently were aware of the doctor's right to start treatment without the patient's consent compared to the unemployed (92.3%), retirees/pensioners (71%) and those who worked only temporarily (100%) ( $p = 0.04$ ). However, professionally active people (80.6%) and unemployed (76.9%) were more aware than retirees/pensioners (65.9%) and those who worked only temporarily (55.5%) of the right to object to the introduction of treatment

**Table 1**  
Demographic data and socio-economic status.

Variable		Total
Age [years]		$57.4 \pm 15.3$
Marital status	In a relationship	74%
	Single	26%
Education level	Primary school	41.4%
	Secondary school	32%
	College	5.4%
	University	21.2%
Employment status	Currently employed	34.4%
	Unemployed	4.9%
	Pensioner/retired	57.0%
	Other	3.7%
Place of residence	$\leq 20,000$ Inhabitants	21%
	21–50,000 Inhabitants	27.4%
	51–200,000 Inhabitants	25.8%
	$\geq 200,000$ Inhabitants	25.8%
Level of disability	Unlimited efficiency	72.5%
	Disabled (but not dependent on the assistance of a third party)	21%
	Disability (and dependent on the assistance of a third party)	6.5%

**Table 2**  
Knowledge of the patients' rights by investigated subjects.

Investigated issue	Correct answer
The right to choose the treating physician	81.8%
The right to discharge from the hospital on request	79.3%
The right to refuse consent to the proposed treatment	80.4%
The right to request the diagnosis consult with another doctor	78.5%
The right to medical aid in emergency cases in any private or public health care facilities	70.5%
The right to choose health care facilities where the patient is being treated, which is located outside the home area	83.3%
The form of giving consent to treatment	42.9%
The doctor right to treat without the directly expressed consent by the patient	70.5%
The doctor right to refuse the presence of a close relative to the patient during treatment	16.4%
The right to access to medical records during treatment	67.3%
The right to access to medical records after discharge from hospital	82.9%
The right to access to medical records by the third party	66.5%
The right to deposit valuables	55.3%
The right to object to the introduction of treatment	70.2%
The form of giving objection to the introduction of treatment	50.5%
The right to adequate food	92.4%
The right to additional nursing care	78.9%
The right to pastoral care regardless of religion	87.3%
The possibility to give to the third parties information about the patient's health status	88.4%
The possibility to provide information about the patient by phone	81.4%
The objection to participation of students of medical sciences during treatment	58.9%

( $p = 0.05$ ). Professionally active people who had full-time regular work (97.8%), those unemployed (100%) and retirees/pensioners (92.2%) more frequently were aware of the right to free meals compared to people who worked only temporarily (77.8%) ( $p = 0.04$ ). The unemployed (76.9%) and professionally active with full-time jobs (74.2%) more often knew the right to object to the participation of students in the course of providing health care services than retirees/pensioners (76.9%) and subjects who worked non-full time (44.4%) ( $p = 0.001$ ).

Disabled participants, fully dependent on the assistance of third parties, more often (73.3%) than those with no disability (41.2%) or disabled but not dependent on the assistance of third parties (45.6%) knew about their right to consent to treatment ( $p = 0.05$ ).

Persons graduating from college (100%) or university (94.4%) more often were aware of the right to discharge on his own request than those with primary (72.9%) or secondary (77.5%) education ( $p = 0.004$ ). Also, people graduating from college (92.3%) or university (92.6%) more often were aware of the right to refuse to consent to the proposed treatment than subjects with primary (78.4%) or secondary (75.3%) education ( $p = 0.04$ ). Those graduating from college (69.2%) or university (72.2%) more often were aware of the possibility of deposit valuables than subjects with primary (55%) or secondary (46.1%) education ( $p = 0.01$ ). On the contrary, patients with primary (51.4%) and secondary (43.8%) education more frequently knew the form of consent to treatment than respondents graduating from college (23.1%) or university (33.3%) ( $p = 0.05$ ).

Patients living in the smallest (i.e.  $\leq 20,000$  inhabitants) (90.6%) and smaller (i.e. 21,000–50,000 inhabitants) (83.1%) cities more

frequently were aware of the right to request to consult the diagnosis with another doctor compared to those living in larger cities (i.e. 51,000–200,000 inhabitants) (73.9%) and the major cities (i.e.  $\geq 200,000$  inhabitants) (72.3%) ( $p = 0.04$ ) (Table 2).

Patients' marital status did not affect the their knowledge of the investigated laws. Also, those patients who were hospitalized for the same time were as aware of their rights as those who were rehospitalized (either in a short period after previous discharge or after a long break) ( $p > 0.05$  for all of the investigated issues).

#### 4. Discussion

The aim of this study was to evaluate the awareness of patients' rights by subjects admitted to a multidisciplinary university hospital. We revealed that the respondents had good understanding of most of the rights that were subject to analysis. This knowledge was mainly determined by age, education level and marital status. Interestingly, the frequency of hospitalizations did not affect subjects' awareness.

Our results describe better patients' knowledge compared to those published for Saudi Arabia,<sup>7</sup> India,<sup>8</sup> Spain<sup>9</sup> and Belgium.<sup>10</sup> Some alarming data has been previously provided for Polish patients,<sup>11</sup> but they were based on a small number of subjects so making reasonable comparisons is difficult. One should remember that regulations concerning patients' rights vary between countries of the European Union, therefore it is crucial to harmonize them to facilitate patient choice of place of medical treatment.<sup>12</sup>

The results of our study indicate that respondents had good knowledge about their rights to access to medical care. This is a significant increase compared to the results of a research made by Millward Brown SMG/KRS on behalf of the Institute for Patient Rights and Health Education.<sup>13</sup> This research was conducted on 28.02.2008–04.03.2008, that is shortly before implementation of APR. Then, only 56% of patients were aware of the right to access to medical care, which was the highest percent for all investigated rights. For example, only 50% of respondents declared awareness of existence of the patients' rights, of which only 19% reported knowledge of any particular right. It is worth mentioning that half of the respondents answered correctly to 19 of 21 in our questionnaire. So we can assume that currently more than half of the population is able to provide at least one of the rights. This represents an increase of over 150% compared to the year 2008.<sup>13</sup>

It is therefore crucial for patients to learn about their rights and the health care system to teach effectively about legal regulations. It will result in improvement in the relationship between health care workers and their patients, which will improve the quality of service provided by health care institutions. The patient who is unaware of his rights cannot take active part in the process of medical treatment given during hospitalization.

Interesting findings are given by Delbanco et al.<sup>14</sup> who revealed that giving the patients access to their medical records allowed to increase their adherence to treatment and improve compliance with pharmacotherapy. It was also found that those who are more involved in the therapeutic process, as well as younger ones, are significantly more aware of their rights.<sup>8</sup>

Additional data in given regarding patients with intellectual disabilities in whom providing information about treatment in written form or with simple visualization of the problem is helpful and increases the effectiveness of consent.<sup>15,16</sup> Also, the use of more clear fonts and adequate spacing help the reader understand the text.<sup>17</sup> A very important aspect of patients' rights described Hocker et al.<sup>18</sup> who showed that 31.4% of deaf patients were not informed about their rights and younger age and lower level of education had impact on the results. For this group of patients it is important to employ an interpreter or – as mentioned above – to visualise information given to obtain the consent.

#### 4.1. Study limitations

The study has however few limitations which should be taken into account in data interpretation. First, not all of the respondents answered the questions in the poll. By protocol, we classified those answers as incorrect. But we cannot exclude that respondents were in fact aware of their rights but just did not understand the question. Second, although the authors attempted to conduct a study of patients with full civil rights and fully healthy mentally, we were still unable to determine whether they had full civil rights or whether they were partially or totally incapacitated mentally. Finally, we applied an author-designed questionnaire so adequate comparison of our results with literature data is limited on some extent.

#### 5. Conclusions

The patients are considerably aware of their rights. From the point of view of the health care system, the most important issue is knowledge of the laws related to broad access to medical services, including choice of attending physician or request to consult diagnosis with another specialist but also to obtain assistance in emergency situations of life and health care in each facility health, regardless of place of residence.

#### Conflict of interest

None declared.

#### Funding

None declared.

#### Ethical approval

None declared.

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